

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 0983287		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5	X						55				
6							56				
7							57				
8							58				
9	1						59				
10		1					60				
11	X						61				
12							62				
13							63				
14							64				
15	1						65				
16	1						66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24	1						74				
25		1					75				
26	1						76				
27	1						77				
28	1						78				
29	1						79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	9						TOTAL IND.				
TOTAL DEP.	29						TOTAL DEP.				
TOTAL CLAIMS	38						TOTAL CLAIMS				